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12/22/2009 HDESTA2 00000124 10646268

01 FC:2501 755.00 OP
02 FC:8001 30.00 OP

Pamela DeMarco

(Depositor's name)

Pamela DeMarco

(Signature)

December 16, 2009

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/646,268	08/22/2003	Mark Marchionni	1094-1-028DIV	9463

TITLE OF INVENTION: METHODS FOR TREATING CONGESTIVE HEART FAILURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$755	\$755	12/17/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEN, SHARON X	1644	514-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Acorda Therapeutics, Inc.
Beth Israel Deaconess Medical Center
The Brigham and Woman's Hospital, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hawthorne, New York 10532
Boston, Massachusetts 02115
Boston, Massachusetts 02115

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Sarah J. Fashena

Date December 16, 2009

Typed or printed name Sarah J. Fashena, Ph.D.

Registration No. 57,600

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